

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

22195 7590 11/12/2003

HUMAN GENOME SCIENCES INC  
 9410 KEY WEST AVENUE  
 ROCKVILLE, MD 20850



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/246,129	02/08/1999	GUO-LIANG YU	PF141P4	5810

TITLE OF INVENTION: TUMOR NECROSIS FACTOR-GAMMA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROMEO, DAVID S	1647	530-324000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Human Genome Sciences, Inc.

2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Human Genome Sciences, Inc.

Rockville, MD

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3425 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Lin J. Hymel (Reg. No. 45,414) 9 February 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

02/12/2004 GWORDF2 00000011 083425 09246129

01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 15.00 DA

TRANSMIT THIS FORM WITH FEE(S)



Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004				Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number	09/246,129-Conf. #5810
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	February 8, 1999
TOTAL AMOUNT OF PAYMENT (\$)				First Named Inventor	Guo-Liang Yu
1,645.00				Examiner Name	D. Romeo
				Art Unit	1647
				Attorney Docket No.	PF141P4
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:				Large Entity Small Entity	
Deposit Account Number 08-3425				Fee Code Fee (\$)	
Deposit Account Name Human Genome Sciences, Inc.				Fee Code Fee (\$)	
The Director is authorized to: (check all that apply)				Fee Description Fee Paid	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application				1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				1053 130 1053 130 Non-English specification	
FEE CALCULATION				1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
1. BASIC FILING FEE				1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
Large Entity Small Entity				1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
Fee Code Fee (\$)				1251 110 2251 55 Extension for reply within first month	
Code (\$)				1252 420 2252 210 Extension for reply within second month	
1001 770 2001 385 Utility filing fee				1253 950 2253 475 Extension for reply within third month	
1002 340 2002 170 Design filing fee				1254 1,480 2254 740 Extension for reply within fourth month	
1003 530 2003 265 Plant filing fee				1255 2,010 2255 1,005 Extension for reply within fifth month	
1004 770 2004 385 Reissue filing fee				1401 330 2401 165 Notice of Appeal	
1005 160 2005 80 Provisional filing fee				1402 330 2402 165 Filing a brief in support of an appeal	
SUBTOTAL (1) (\$)				1403 290 2403 145 Request for oral hearing	
0.00				1451 1,510 1451 1,510 Petition to institute a public use proceeding	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1452 110 2452 55 Petition to revive - unavoidable	
Total Claims -20** =				1453 1,330 2453 665 Petition to revive - unintentional	
Independent Claims -3** =				1501 1,330 2501 665 Utility issue fee (or reissue)	
Multiple Dependent				1502 480 2502 240 Design issue fee	
Large Entity Small Entity				1503 640 2503 320 Plant issue fee	
Fee Code Fee (\$)				1460 130 1460 130 Petitions to the Commissioner	
Code (\$)				1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
1202 18 2202 9 Claims in excess of 20				1806 180 1806 180 Submission of Information Disclosure Stmt	
1201 86 2201 43 Independent claims in excess of 3				8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1203 290 2203 145 Multiple dependent claim, if not paid				1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1204 86 2204 43 ** Reissue independent claims over original patent				1810 770 2810 385 For each additional invention to be examined (37CFR 1.129(b))	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				1801 770 2801 385 Request for Continued Examination (RCE)	
SUBTOTAL (2) (\$)				1802 900 1802 900 Request for expedited examination of a design application	
0.00				Other fee (specify) 8001; 1504 Printed copy of patent w/o color; Publication fee for early, voluntary, or normal publication	
**or number previously paid, if greater; For Reissues, see above				315.00	
SUBTOTAL (3) (\$)				1,645.00	
SUBMITTED BY				(Complete if applicable)	
Name (Print/Type) Lin J. Hymel				Registration No. (Attorney/Agent)	45,414
Signature				Telephone	(301) 251-6015
				Date	9 February 2004